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Title: RCT Continuing Training 1st Quarter 2022 Exercise Guide

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Intended for: RCT Continuing Training

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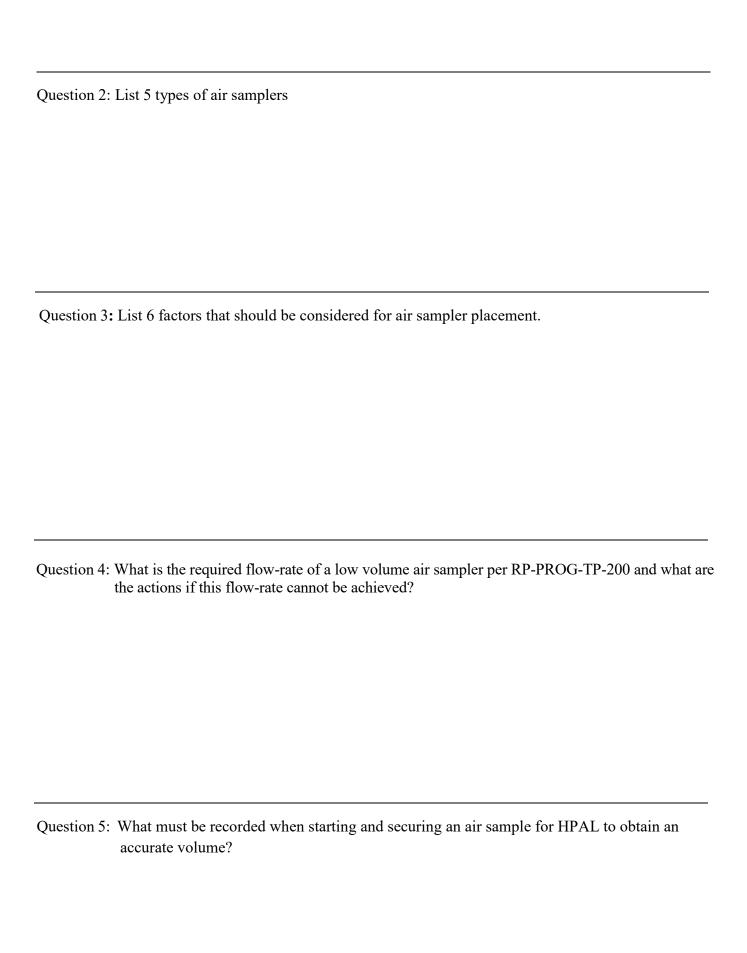


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### RCT 1<sup>st</sup> Quarter 2022 Training Exercise Guide UTrain #53850

Name:	<b>Z</b> #:
Signature:	Date:
Type your full name in this block to indicate your signature on the date of this form.	
Instructions: After viewing the pre-recorded lecture, complete the following your responses to RP-training@lanl.gov for review. An email confirmation training staff stating your training records have been updated. This form is fibe typed or hand-written. An optional feedback form has been attached for y	will be sent from the RP illable and answers may
Question 1: Define the following terms:	
Annual Limit on Intake (ALI) –	
Derived Air Concentration (DAC) –	
Derived Air Concentration – hour (DAC-hr) –	



Question 6: State the actions if an air sample field screen exceeds 4,000 dpm (combined alpha and beta) and the reasoning for these actions.

#### Question 7: Determine the Sum of DAC from the information seen below.

Sample	Alpha	2*	Alpha	Beta	2*	Beta	Run	Flow
ID	Activity	sigma	MDA	Activity	sigma	MDA	Time	Rate
	(dpm/m3)	(dpm/m3)	(dpm/m3	(dpm/m3)	(dpm/m3)	(dpm/m3)	(h)	(cfm)
1	7.50	7.504	6.7	208.5	13.586	11.71	0.25	2.0

#### DAC for Unknown Radioisotopes

Beta emission 4 E-11 DAC µCi/mL

Alpha emission 2 E-13 DAC µCi/mL

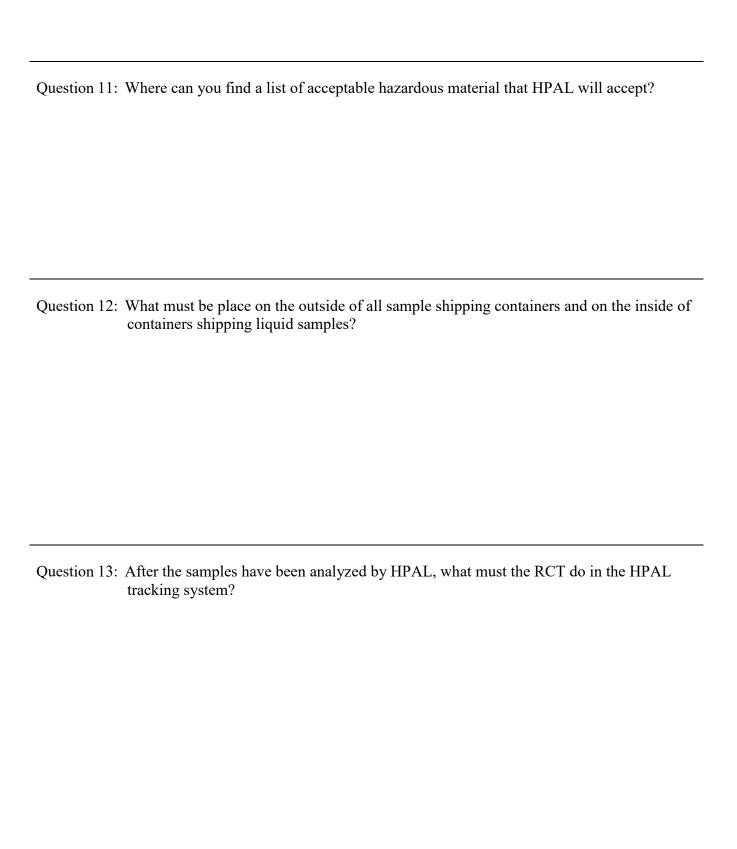
#### **Analysis**

### **Sample Type**

Question 9: Where should the HPAL matching barcodes be placed?

Question 10: What are the HPAL notification limits?

Туре	Limit
Alpha Contamination	
Beta Contamination	
β/γ Radiation	
Tritium Contamination	





# **Level 1 Evaluation Form**

Instructor Name:	Course Date:
Course Title:	Course No.:
<b>Instructor:</b> Were the instructor's methods effe	ective? Was the instructor prepared?
Course Materials: Were course materials/han	douts helpful during class? Please explain.
Classroom Engagement: Were classroom activ	vities/discussions engaging? Please explain.
	hods/training aids could have benefited the students
better? Please explain.	
Application: Was this training meaningful and	d applicable to your current job? (i.e., will you be able to
apply this training in your current position?) P	
<b>Areas for Improvement:</b> Please list any ideas of	or suggestions to help improve the training program.
Knowledge Level: Before this class, my knowledge	on this subject was (check one):
☐ Non-Existent ☐ Novice ☐	Intermediate Advanced Expert
Knowledge Level: After this class, my knowledge of	n this subject is (check one):
Non-Existent Novice	Intermediate Advanced Expert
Name: (optional)	Z# Date: